

Office Use: Grade _____ Teacher _____ Date Completed _____

STUDENT EMERGENCY INFORMATION CARD 2010-2011

Student (Legal Name) _____ Birth Date ____ / ____ / ____

Gender Male Female Age _____ Grade Entering _____

Student Address _____

Father/Guardian _____ Home Phone _____

Work Phone _____ Cell Phone/Pager _____

Mother/Guardian _____ Home Phone _____

Work Phone _____ Cell Phone/Pager _____

Marital Status of Parents/Guardians Single Married Divorced Separated

Medical Problems/Allergies _____

Medications _____

Doctor _____ Phone _____

Insurance Carrier _____ Policy # _____

Century Christian School 550 W. Century Blvd. Lodi, CA 95240 (209) 334-3230

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PEOPLE AUTHORIZED TO PICK-UP STUDENT OR CONTACT IN EMERGENCY

Please include step-parents who are not legal guardians

Name	Relationship	Home Phone	Cell/Work Phone
1 _____			
2 _____			
3 _____			
4 _____			
5 _____			
6 _____			
7 _____			

In case of an emergency, when a parent/guardian or the above individuals are unavailable, the school is authorized to obtain medical care for my child or send my child to the nearest hospital by ambulance at my expense.

Parent/Guardian _____ Date _____

Parent/Guardian _____ Date _____

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